### Case 18-10577-reg Doc 1 Filed 04/09/18 Page 1 of 50

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF INDIANA	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joi	nt Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Raymond First name  James	First name	
	license or passport).	Middle name	Middle name	
	Bring your picture identification to your meeting with the trustee.	White Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3197		

Debtor 1 Raymond James White

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EINs	☐ I have not used any business name or EINs.  Business name(s)  EINs
5.	Where you live	1321 Michigan Ave	If Debtor 2 lives at a different address:
		Fort Wayne, IN 46802 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Allen County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case number (if known)

7.	The chapter of the Bankruptcy Code you are	Your Bankruptcy Case  Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ Chap	ter 7						
		☐ Chap	ter 11						
		☐ Chap	ter 12						
		☐ Chap	ter 13						
8.	How you will pay the fee	ab	out how yo	ou may pay. Typic	ally, if you are paying the fee yo	with the clerk's office in your local court for mourself, you may pay with cash, cashier's check,	or money		
			ier. If your ore-printed		tting your payment on your beha	lf, your attorney may pay with a credit card or o	check with		
			I need to pay the fee in installments. If you chook The Filing Fee in Installments (Official Form 103A).			u choose this option, sign and attach the Application for Individuals to Pay			
		□ Ire	equest tha	at my fee be waiv	red (You may request this option	only if you are filing for Chapter 7. By law, a ju ur income is less than 150% of the official pove			
		ар	plies to yo	ur family size and	you are unable to pay the fee in	installments). If you choose this option, you mail Form 103B) and file it with your petition.			
9.	Have you filed for bankruptcy within the	■ No.							
	last 8 years?	☐ Yes.	District		When	Casa awahan			
			District District		When When	Case number Case number			
			District		When	Case number			
			District		writeri	Case Humber			
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your residence?	■ No.	Go to	ine 12.					
		☐ Yes.	Has yo	our landlord obtain	ed an eviction judgment agains	you?			
				No. Go to line 12	2.				
				Yes. Fill out <i>Initia</i> this bankruptcy p		ludgment Against You (Form 101A) and file it a	s part of		

Debtor 1 Raymond James White

Debtor 1 Raymond James White				Case number (if known)						
Par	Poport About Any Ru	ieinoeeoe	You Own as a Sole Propri	inter						
		2311163363	Tou Own as a sole i Toph	GIOI						
12. Are you a sole proprietor of any full- or part-time business?		■ No.	Go to Part 4.							
		☐ Yes.	Name and location of bo	Name and location of business						
	A sole proprietorship is a									
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if an	у						
	If you have more than one sole proprietorship, use a		Number, Street, City, St	ate & ZIP Code						
	separate sheet and attach it to this petition.		Check the appropriate t	pox to describe your business:						
				siness (as defined in 11 U.S.C. § 101(27A))						
			☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))						
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))						
			☐ Commodity Brol	ker (as defined in 11 U.S.C. § 101(6))						
			☐ None of the abo	ve						
	Chapter 11 of the Bankruptcy Code and are you a <i>small business debtor?</i> For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D).	operation	ns, cash-flow statement, and S.C. 1116(1)(B).  I am not filing under Ch	e a small business debtor, you must attach your most recent balance sheet, statement of dederal income tax return or if any of these documents do not exist, follow the procedure apter 11.  er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy						
		☐ Yes.	I am filing under Chapte	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.						
Par	t 4: Report if You Own or	r Have Any	, Hazardous Property or A	ny Property That Needs Immediate Attention						
	Do you own or have any	■ No.		,						
	property that poses or is alleged to pose a threat of imminent and	■ No.  ☐ Yes.	What is the hazard?							
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?							
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs		Where is the property?							
	urgent repairs?			Number, Street, City, State & Zip Code						

Debtor 1 Raymond James White

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Raymond James White			Case number (if known)				
Par	6: Answer These Quest	ions for Re	eporting Purposes				
16.	What kind of debts do you have?	are paid that funds will be for on to unsecured?  Yes.  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expands to the unsecured?  Yes.  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expands to the unsecured?  Yes.  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expands to the unsecured or end to unsecured?  Yes.  Yes.  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expands are paid that funds will be available to distribute to unsecured creditors?  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expands are paid that funds will be available to distribute to unsecured creditors?  Yes.  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expands are paid that funds will be available to distribute to unsecured creditors?  Yes.  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expands are paid that funds will be available to distribute to unsecured creditors?  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expands are paid that funds will be available to distribute to unsecured creditors?  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expands are paid that funds will be available to distribute to unsecured creditors?  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expands are paid that funds will be available to distribute to unsecured creditors?  Yes.  Yes.  I am filing under Chapter 7. Do you estimate that after	edefined in 11 U.S.C. § 101(8) as "incurred by an				
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.					
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts yo	u owe that are not consumer debts or bus	siness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	ter 7. Go to line 18.			
	Do you estimate that after any exempt	■ Yes.					
	administrative expenses		■ No	in debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an all primarily for a personal, family, or household purpose."  Go to line 16b.  Go to line 17.  In debts primarily business debts? Business debts are debts that you incurred to obtain for a business or investment or through the operation of the business or investment.  Go to line 16c.  Go to line 16c.  Go to line 17.  It type of debts you owe that are not consumer debts or business debts  It filing under Chapter 7. Go to line 18.  Ing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses it that funds will be available to distribute to unsecured creditors?  In 1,000-5,000			
	are paid that funds will be available for						
	distribution to unsecured creditors?						
18.	How many Creditors do	1-40		□ 1.000-5.000	□ 25.001-50.000		
	you estimate that you owe?			<b>5001-10,000</b>			
	owe?	□ 100-19	99	☐ 10,001-25,000	☐ More than 100,000		
		200-99	99				
19.			50,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		· · · · ·				
		□ \$500,0	001 - \$1 million	<b>—</b> \$100,000,001 - \$300 Hillion	I Wore than \$50 billion		
20.	How much do you	□ \$0 - \$ <u>\$</u>	50,000				
	estimate your liabilities to be?						
					debts that you incurred to obtain he business or investment.  by property is excluded and administrative expenses ditors?    25,001-50,000		
		₩ \$500,0	001 - \$1 million	<b>—</b> \$100,000,001 - \$300 Hillion	i Wore than \$50 billion		
Part	17: Sign Below						
For	you	I have ex	amined this petition, and I	declare under penalty of perjury that the i	nformation provided is true and correct.		
		I request	relief in accordance with th	e chapter of title 11, United States Code,	specified in this petition.		
		bankrupto and 3571	cy case can result in fines ι				
		Raymor	nd James White of Debtor 1	Signature of D	ebtor 2		
		Executed	on <b>April 7, 2018</b>	Executed on			
			MM / DD / YYYY		MM / DD / YYYY		

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Debtor 1	Raymond James White	Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Steven J. Glaser	Date	April 7, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Steven J. Glaser 15173-02		
Printed name		
Glaser & Ebbs		
Firm name		
132 E Berry St		
Fort Wayne, IN 46802		
Number, Street, City, State & ZIP Code		
Contact phone <b>260-424-0954</b>	Email address	
15173-02 IN		
Bar number & State		

# 

Fill	ill in this information to identify your case:		
	ebtor 1 Raymond James White		
00.	First Name Middle Name	Last Name	
	ebtor 2 pouse if, filing) First Name Middle Name	Last Name	
Uni	nited States Bankruptcy Court for the: NORTHERN DISTRICT OF IN	DIANA	
	ase numberknown)		☐ Check if this is an
			amended filing
	official Form 106Sum	outain Otatiatical Information	
	ummary of Your Assets and Liabilities and Co		12/15
info	ormation. Fill out all of your schedules first; then complete the info ur original forms, you must fill out a new <i>Summary</i> and check the b	rmation on this form. If you are filing amende	
		ox at the top of this page.	
Par	art 1: Summarize Your Assets		
			Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)		
	1a. Copy line 55, Total real estate, from Schedule A/B		\$ 50,275.00
	1b. Copy line 62, Total personal property, from Schedule A/B		\$11,898.00
	1c. Copy line 63, Total of all property on Schedule A/B		\$ 62,173.00
Par	art 2: Summarize Your Liabilities		
	55555555		Your liabilities
			Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official 2a. Copy the total you listed in Column A, Amount of claim, at the bot		\$25,668.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 3a. Copy the total claims from Part 1 (priority unsecured claims) from	106E/F) n line 6e of <i>Schedule E/F</i>	\$ 6,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims)		\$ 33,131.00
		Your total liabilities	\$64,799.00
Par	art 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I		\$ 2,478.65
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J		\$\$
Par	art 4: Answer These Questions for Administrative and Statistical	Records	
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check the	nis box and submit this form to the court with you	ur other schedules.
7	Yes What kind of debt do you have?		
7.	·		
	Your debts are primarily consumer debts. Consumer debts a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for st		a personal, family, or
	Your debts are not primarily consumer debts. You have noth the court with your other schedules.	ing to report on this part of the form. Check this	box and submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Raymond James White

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,395.04

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	al claim
9a. Domestic support obligations (Copy line 6a.)	\$_	6,000.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	6,000.00

	Case	3 18-105/7	-reg	DOC 1	Filed 04/0	9/16 P	age 10	01 50		
Fill in this inform	ation to identify y	our case and th	his filinç	g:						
Debtor 1	Raymond Jar									
Debtor 2	First Name	Middle	e Name		Last Name					
(Spouse, if filing)	First Name	Middle	e Name		Last Name					
United States Ban	kruptcy Court for t	he: NORTHER	RN DIST	RICT OF IN	IDIANA					
Case number										Check if this is an amended filing
Official For	m 1061/P									
Schedule	-	operty								12/15
In each category, se think it fits best. Be information. If more Answer every questi	as complete and ac space is needed, at	curate as possibl	le. If two	married peo	ple are filing togeth	er, both are	equally resp	onsible for su	pplyi	ing correct
Part 1: Describe E	ach Residence, Bui	lding, Land, or Ot	ther Real	Estate You	Own or Have an Inte	erest In				
<ul><li>No. Go to Part</li><li>Yes. Where is</li></ul>	2.		•	,,,,,,,	<b>J</b>					
1.1			What	is the prope	erty? Check all that appl	ly				
1321 MICH Street address, if	IGAN AVE available, or other descr	iption	Duplex or multi-unit building the amour				deduct secured claims or exemptions. Put bunt of any secured claims on Schedule D: s Who Have Claims Secured by Property.			
Fort Wayne	e IN	46802-0000		Manufacture Land	ed or mobile home		Current va			rrent value of the rtion you own?
City	State	ZIP Code		Investment	property			50,275.00	_	\$50,275.00
				Timeshare Other			(such as fe		f your ownership interest enancy by the entireties, or	
			Who	Debtor 1 on	est in the property?	Check one	MORTG	• •		
Allen				Debtor 2 on	-					
County					nd Debtor 2 only e of the debtors and a	another		t if this is com structions)	mun	ity property
					n you wish to add ab ation number:	out this item	n, such as lo	cal		
			3 BE	EDROOMS	6, 1 1/2 BATHRO	OOMS				
2. Add the dolla pages you ha					s from Part 1, inc			=>		\$50,275.00
Part 2: Describe Y	our Vehicles									

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Deb	otor 1 Raymond James White	с	ase number (if known)	
3. <b>C</b>	Cars, vans, trucks, tractors, sport utilit	y vehicles, motorcycles		
	] No			
	Yes			
3.1	1 Make: <b>DODGE</b>	Who has an interest in the property? Check one		d claims or exemptions. Put cured claims on Schedule D:
	Model: RAM	Debtor 1 only		Claims Secured by Property.
	Year: <b>1995</b>	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 186,00	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
		Check if this is community property (see instructions)	\$1,000.00	\$1,000.00
	**************************************	I watercraft, fishing vessels, snowmobiles, motorcycle	accessories	
		own for all of your entries from Part 2, including a rite that number here		\$1,000.00
Part	t 3: Describe Your Personal and Househo	ld Items		
	, , ,	e interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Household goods and furnishings Examples: Major appliances, furniture, lir  I No Yes. Describe	ens, china, kitchenware		
	REFRIGERA COFFEE TA	EOUS HOUSEHOLD GOODS INCLUDING: ST TOR, WASHER, DRYER, LOVESEAT, RECLIN BLE, DINING TABLE AND CHAIRS, LAWNMO ENS, ALL COOKING UTENSILS	IER,	\$350.00
	Electronics  Examples: Televisions and radios; audio, including cell phones, camera  No  ■ Yes. Describe	video, stereo, and digital equipment; computers, printes, media players, games	ers, scanners; music colle	ections; electronic devices
•	= 165. Describe			
	LAPTOP, 42	" TV, STERO RECEIVER, 2 8" SPEAKERS		\$200.00
_		igs, prints, or other artwork; books, pictures, or other a	rt objects; stamp, coin, or	baseball card collections;
_	other collections, memorabilia  ■ No  □ Yes. Describe	i, collectibles		
E	musical instruments	e, and other hobby equipment; bicycles, pool tables, go	olf clubs, skis; canoes and	kayaks; carpentry tools;
	■ No □ Yes. Describe			
_	■ 103. DE30HDE			

Official Form 106A/B Schedule A/B: Property page 2

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Debtor 1	Raymond James Wh	ite		Case number (if known)	
10. Firea	rms mples: Pistols, rifles, shotgun	s ammunition and re	elated aquipment		
□ No	ripies. Pistois, filies, shotgun	s, ammuninon, and re	eated equipment		
	s. Describe				
	20 GAL	JGE SHOTGUN			\$50.00
□ No		, leather coats, desig	ner wear, shoes, accessories		
	CLOTH	IES			\$10.00
■ No □ Yes  13. <b>Non-1</b> <i>Exam</i> □ No	mples: Everyday jewelry, cosis.  Describe  farm animals  mples: Dogs, cats, birds, hors	, , ,	ment rings, wedding rings, heirloom jew	velry, watches, gems, g	old, silver
■ Yes	s. Describe				
	CAT - F	PET - NO VALUE	O OTHERS		\$0.00
				<del></del>	
■ No □ Yes	s. Give specific information	 our entries from Par	ot already list, including any health ai		\$610.00
				l	
	Describe Your Financial Assets				
Do you o	own or have any legal or eq	uitable interest in a	ny of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No			e, in a safe deposit box, and on hand w	hen you file your petition	nc
Exar			nts; certificates of deposit; shares in cre vith the same institution, list each.	edit unions, brokerage h	nouses, and other similar
□ No ■ Yes	S		Institution name:		
	17.1.	CHECKING	CHASE BANK		\$0.00
18. Bond Exar	ls, mutual funds, or publicl mples: Bond funds, investmen	y traded stocks nt accounts with brok	erage firms, money market accounts		
■ No					
☐ Yes	s	nstitution or issuer na	me:		

Official Form 106A/B Schedule A/B: Property page 3

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De	ebtor 1	Raymond James White	Case number (if known)	
19.	joint ve	•	porated and unincorporated businesses, including an interest in	n an LLC, partnership, and
	■ No	City and different allowed by the second		
	⊔ Yes.	Give specific information about them Name of entity:	% of ownership:	
20.	Negotia Non-ne ■ No	able instruments include personal checks, c egotiable instruments are those you cannot t	gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them.	
	☐ Yes. (	Give specific information about them Issuer name:		
21.		nent or pension accounts ples: Interests in IRA, ERISA, Keogh, 401(k)	, 403(b), thrift savings accounts, or other pension or profit-sharing pla	ns
	■ Yes. I	List each account separately.  Type of account:	Institution name:	
		401K	RPM INTERNATIONAL - THRU EMPLOYER	\$10,288.00
22.	Your sh		so that you may continue service or use from a company it, public utilities (electric, gas, water), telecommunications companies	s, or others
	■ No □ Yes		Institution name or individual:	
23.	Annuiti	es (A contract for a periodic payment of mo	oney to you, either for life or for a number of years)	
	■ No □ Yes	Issuer name and description.		
24.		s in an education IRA, in an account in a C. §§ 530(b)(1), 529A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuition progr	am.
	■ No □ Yes	Institution name and descript	ion. Separately file the records of any interests.11 U.S.C. § 521(c):	
25.		equitable or future interests in property	(other than anything listed in line 1), and rights or powers exerc	sable for your benefit
	■ No □ Yes.	Give specific information about them		
26.	Examp	s, copyrights, trademarks, trade secrets, les: Internet domain names, websites, proce	and other intellectual property eeds from royalties and licensing agreements	
	■ No □ Yes.	Give specific information about them		
27.	_Examp	es, franchises, and other general intangil eles: Building permits, exclusive licenses, co	bles operative association holdings, liquor licenses, professional licenses	
	■ No □ Yes.	Give specific information about them		
M	oney or p	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you		
	■ No □ Yes. 0	Give specific information about them, includ	ling whether you already filed the returns and the tax years	
29.	Family Examp  ■ No		I support, child support, maintenance, divorce settlement, property se	ttlement
Off		Give specific information	Schedule A/B: Property	page 4
011	Joiner I OIII	1 100/10	Conocado 7 (D. 1 Topolty	page 4

Deb	tor 1	Raymond James White	Case number (if known)	
		mounts someone owes you les: Unpaid wages, disability insurance payments, disability be benefits; unpaid loans you made to someone else	nefits, sick pay, vacation pay, workers' compe	nsation, Social Security
		Give specific information		
31.		s in insurance policies les: Health, disability, or life insurance; health savings account	(HSA); credit, homeowner's, or renter's insurar	nce
	No .	•		
	☑ Yes. 1	Name the insurance company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
	If you a	erest in property that is due you from someone who has do re the beneficiary of a living trust, expect proceeds from a life ne has died.		eive property because
	Yes.	Give specific information		
		against third parties, whether or not you have filed a laws les: Accidents, employment disputes, insurance claims, or righ		
_		Describe each claim		
_	Other c ■ No	ontingent and unliquidated claims of every nature, includi	ng counterclaims of the debtor and rights to	set off claims
_		Describe each claim		
	-	ancial assets you did not already list		
	No Yes.	Give specific information		
36.		ne dollar value of all of your entries from Part 4, including rt 4. Write that number here		\$10,288.00
Part	5: Des	cribe Any Business-Related Property You Own or Have an Interes	t In. List any real estate in Part 1.	
37. <b>[</b>	o you o	wn or have any legal or equitable interest in any business-related	property?	
	No. Go	to Part 6.		
	Yes. G	o to line 38.		
Part		cribe Any Farm- and Commercial Fishing-Related Property You O u own or have an interest in farmland, list it in Part 1.	wn or Have an Interest In.	
46.	_ ′	own or have any legal or equitable interest in any farm- or	commercial fishing-related property?	
		Go to Part 7.		
	☐ Yes.	Go to line 47.		
Part	7:	Describe All Property You Own or Have an Interest in That You D	id Not List Above	
53.		have other property of any kind you did not already list? les: Season tickets, country club membership		
	No Yes (	Give specific information		
_	<b>-</b> 1€5. (	ove specific information		
54.	Add th	ne dollar value of all of your entries from Part 7. Write that	number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

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Debtor 1	Raymond James White			Case number (if known)	
Part 8:	List the Totals of Each Part of this Form				
55. <b>Part</b>	t 1: Total real estate, line 2				\$50,275.00
56. <b>Part</b>	t 2: Total vehicles, line 5	\$	1,000.00		
57. <b>Part</b>	t 3: Total personal and household items, line 15		\$610.00		
58. <b>Part</b>	t 4: Total financial assets, line 36	\$1	0,288.00		
59. <b>Part</b>	t 5: Total business-related property, line 45		\$0.00		
60. <b>Part</b>	t 6: Total farm- and fishing-related property, line 52		\$0.00		
61. <b>Part</b>	t 7: Total other property not listed, line 54	+	\$0.00		
62. <b>Tota</b>	al personal property. Add lines 56 through 61	\$1	1,898.00	Copy personal property total	\$11,898.00
63. <b>Tota</b>	al of all property on Schedule A/B. Add line 55 + line 62				\$62,173.00

Official Form 106A/B Schedule A/B: Property page 6

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nis information to ide						
no miormation to la	entity your case:					
Raymoı	nd James White					
First Name	N	liddle Name	L	ast Name		
	N	liddle Name	L	ast Name		
States Bankruptcy Co	urt for the: NORT	HERN DISTRICT OF	INDIA	ANA		
ımber						
						Check if this is an amended filing
al Form 106	C.				_	-
	<del></del>	rty You Cla	im	as Exempt		4/16
cadic o. i	ne i ropei	ty rod old		LACITIPE		4/10
erty you listed on Scho fill out and attach to the	edule A/B: Property	(Official Form 106A/B)	as yo	our source, list the property that you	claim as ex	empt. If more space is
dollar amount as ex icable statutory limi may be unlimited in on to a particular do	empt. Alternatively t. Some exemption dollar amount. Hov llar amount and the	, you may claim the f s—such as those for vever, if you claim an	ull fai heal exen	ir market value of the property be th aids, rights to receive certain b nption of 100% of fair market valu	ing exempt enefits, an le under a l	ted up to the amount of d tax-exempt retirement aw that limits the
Identify the Prope	erty You Claim as E	xempt				
ch set of exemption	s are you claiming	? Check one only, ever	n if yo	our spouse is filing with you.		
ou are claiming state	and federal nonban	kruptcy exemptions. 1	11 U.S	S.C. § 522(b)(3)		
ou are claiming feder	al exemptions. 11 l	J.S.C. § 522(b)(2)				
		Current value of the	Am	ount of the exemption you claim	Specific la	ws that allow exemption
nedule A/B that lists this property		Copy the value from	Check only one box for each exemption.			
	Fort Wayne, IN	\$50,275.00	•	\$19,300.00	Ind. Cod	le § 34-55-10-2(c)(1)
EDROOMS, 1 1/2 E				100% of fair market value, up to any applicable statutory limit		
		\$1,000.00		\$1,000.00	Ind. Cod	le § 34-55-10-2(c)(2)
from Schedule A/B: •	o. I			100% of fair market value, up to any applicable statutory limit		
		\$350.00		\$350.00	Ind. Cod	le § 34-55-10-2(c)(2)
FRIGERATOR, WA /ESEAT, RECLINE BLE, DINING TABL	SHER, DRYER, ER, COFFEE LE AND CHAIRS,			100% of fair market value, up to any applicable statutory limit		
OKING UTENSILS						
	RO RECEIVER,	\$200.00		\$200.00	Ind. Cod	le § 34-55-10-2(c)(2)
	Raymone First Name  States Bankruptcy Consider States States of States Bankruptcy Consider States of States of States of States of States of States of Examples of States of Examples of States of Examples of States of	Raymond James White First Name  Print Name  Rates Bankruptcy Court for the:  NORT  N	Raymond James White  First Name  Middle Name  States Bankruptcy Court for the:  Morthern District of  Morthern	Raymond James White    First Name   Middle Name   Land	Raymond James White First Name Middle Name Last Name States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA Imber  All Form 106C edule C: The Property You Claim as Exempt  Implete and accurate as possible. If two married people are filing together, both are equally responsible for the typ you listed on Schedule A/B: Property (Gircliar Form 106AB) as your source, list the property half to difficult form 106AB) as your source, list the property half to difficult form 106AB as your source, list the property half to difficult form 106AB as your source, list the property half to difficult form 106AB as your source, list the property half to difficult form 106AB as your source, list the property half to difficult form 106AB as your source, list the property half to difficult form 106AB as your source, list the property half to difficult form 106AB as your source, list the property half to difficult form 106AB as your source, list the property half the top of any other (if known). It is term of property you claim as exempt, you may claim the full fair market value of the property be included amount as exempt. Alternatively, you may claim the full fair market value of the property limit. Some exemptions—such as those for health aids, rights to receive certain the may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value property and line on the property of the property and line on containing federal exemptions.  In Identify the Property and line on containing federal exemptions.  Cou are claiming state and federal nonbankruptor exemptions. In U.S.C. § 522(b)(2)  any property you list on Schedule A/B that you claim as exempt, fill in the information below.  Cou are claiming federal exemptions.  In Identify the Property and line on containing federal exemption of the property and line on containing federal exemption.  Schedule A/B that lists this property  Could a	Raymond James White First Name Middle Name Last Name States Bankruptcy Court for the: MORTHERN DISTRICT OF INDIANA Imber    Court

Official Form 106C

□ 100% of fair market value, up to

any applicable statutory limit

Line from Schedule A/B: 7.1

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De	or 1 Raymond James White			Case number (if known)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.		Specific laws that allow exemption	
	20 GAUGE SHOTGUN Line from Schedule A/B: 10.1	\$50.00		\$50.00  100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)	
	CLOTHES Line from Schedule A/B: 11.1	\$10.00		\$10.00  100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)	
	CAT - PET - NO VALUE TO OTHERS Line from Schedule A/B: 13.1	\$0.00		\$0.00  100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)	
	CHECKING: CHASE BANK Line from Schedule A/B: 17.1	\$0.00		\$0.00  100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)	
	401K: RPM INTERNATIONAL - THRU EMPLOYER Line from Schedule A/B: 21.1	\$10,288.00		\$10,288.00  100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(6)	
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No  Yes. Did you acquire the property covered No Yes	years after that for ca	ises fil	,	,	

	Case	.8-105//-ieg Doc	1 Filed 04/0	J9/18 Paye 1	8 01 50	
Fill in this informat	tion to identify you	r case:				
Debtor 1	Raymond James	s White				
-	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankr	ruptcy Court for the:	NORTHERN DISTRICT O	OF INDIANA			
Case number (if known)						if this is an ded filing
Official Form	<u>106D</u>					
Schedule D	: Creditors	Who Have Clair	ns Secured	l by Property	<i>'</i>	12/15
is needed, copy the Adnumber (if known).  1. Do any creditors ha	dditional Page, fill it o	f two married people are filing to but, number the entries, and atta your property? his form to the court with your	ach it to this form. On	the top of any addition	al pages, write your na	
Yes. Fill in al	l of the information b	pelow.				
Part 1: List All S	ecured Claims					
for each claim. If more	than one creditor has	nore than one secured claim, list t a particular claim, list the other cr cal order according to the creditor	reditors in Part 2. As	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 <b>PNC</b>		Describe the property that sec	cures the claim:	\$25,668.00	\$50,275.00	\$0.00
PO BOX 182 Dayton, OH	-	1321 MICHIGAN AVE For 46802 Allen County 3 BEDROOMS, 1 1/2 BA As of the date you file, the cla apply.  ☐ Contingent ☐ Unliquidated	THROOMS			
Number, Street, Cit	y, State & Zip Code	☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that a	apply.			
■ Debtor 1 only □ Debtor 2 only		An agreement you made (su car loan)	ch as mortgage or secu	ured		
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lie	en, mechanic's lien)			
☐ At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
Check if this claim community debt	n relates to a	Other (including a right to off	set) MORTGAGI	E		
Date debt was incurre	ed 2008	Last 4 digits of account	t number			
	ge of your form, add	olumn A on this page. Write tha the dollar value totals from all p		\$25,668 \$25,668		

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Fill in this info	rmation to identify your ca	se:				
Debtor 1	Raymond James W	/hite Middle Name	Last Name			
Debtor 2	Filst Name	ivildale Name	Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	NORTHERN DISTRIC	CT OF INDIANA			
Case number						
(if known)					_	if this is an led filing
Official For						40/45
	E/F: Creditors Wh		CURED CLAIMS  PRIORITY claims and Part 2 for			12/15
Schedule G: Exec Schedule D: Cred left. Attach the Co name and case no	cutory Contracts and Unexpire itors Who Have Claims Secur ontinuation Page to this page.	ed Leases (Official Form ed by Property. If more If you have no informa	m. Also list executory contract not include any cre space is needed, copy the Part tion to report in a Part, do not f	ditors with partially s you need, fill it out,	ecured claims that a number the entries i	are listed in n the boxes on the
	tors have priority unsecured					
☐ No. Go to	Part 2.					
Yes.						
identify what to possible, list to Part 1. If more	type of claim it is. If a claim has	both priority and nonprior according to the creditor's cular claim, list the other		nd show both priority a o priority unsecured cla	nd nonpriority amoun aims, fill out the Conti	ts. As much as nuation Page of
				Total claim	Priority amount	Nonpriority amount
2.1 KATIE	AYIENDA	Last 4 digits	of account number	\$6,000.00	\$6,000.00	\$0.00
•	Creditor's Name	When was th	ne debt incurred? 2010			
	/ayne, IN 46803	When was ti	2010		-	
	Street City State Zlp Code		te you file, the claim is: Check a	all that apply		
_	ed the debt? Check one.	☐ Continger	nt			
Debtor 1	only	☐ Unliquidat	ted			
Debtor 2	only!	☐ Disputed				
Debtor 1	and Debtor 2 only	Type of PRIC	ORITY unsecured claim:			
☐ At least of	one of the debtors and another	Domestic	support obligations			
☐ Check if	this claim is for a communit	y debt Taxes and	d certain other debts you owe the	government		
	subject to offset?	☐ Claims for	r death or personal injury while yo	ou were intoxicated		
■ No		Other. Sp				-
☐ Yes			CHILD SUPPORT			
Part 2: List	All of Your NONPRIORITY	Unsecured Claims				
3. Do any credi	tors have nonpriority unsecu	ed claims against you?	?			
☐ No. You h	ave nothing to report in this part	. Submit this form to the	court with your other schedules.			
Yes.	-					
unsecured cla	aim, list the creditor separately for	or each claim. For each o	order of the creditor who holds claim listed, identify what type of c t 3.If you have more than three n	laim it is. Do not list cla	aims already included	in Part 1. If more
					Tota	al claim

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Debto	Raymond James White	Case number (if know)	
4.1	CREDIT ONE BANK	Last 4 digits of account number	\$775.00
	Nonpriority Creditor's Name PO BOX 60500	When was the debt incurred? 2016	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.  Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify CREDIT CARD	
4.2	DIRECT TV	Last 4 digits of account number	\$750.00
	Nonpriority Creditor's Name PO BOX 5007	When was the debt incurred? 2015	
	Carol Stream, IL 60197  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is. Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify UTILITY	
4.3	FINGERHUT	Last 4 digits of account number	\$2,652.00
	Nonpriority Creditor's Name 620 RIDGEWOOD RD Saint Cloud, MN 56303	When was the debt incurred? 2017	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	<b>□</b> 100	■ Other. Specify CREDIT CARD	

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Debto	Raymond James White	Case number (if know)	
4.4	FORT WAYNE RADIOLOGY	Last 4 digits of account number	\$319.00
	Nonpriority Creditor's Name PO BOX 5602	When was the debt incurred? 2011	<del></del>
	Fort Wayne, IN 46895  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.6 or and date you may and order to order an area appropriate	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify MEDICAL BILL	
4.5	MEIJER	Last 4 digits of account number	\$1,229.00
	Nonpriority Creditor's Name PO BOX 659823 San Antonio, TX 78265	When was the debt incurred? 2016	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacksquare Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify CREDIT CARD	
4.6	PARKVIEW HEALTH Nonpriority Creditor's Name	Last 4 digits of account number	\$20,031.00
	PO BOX 2253 Fort Wayne, IN 46807	When was the debt incurred? 2011	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not	
	No	report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify MEDICAL BILL	

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Debto	Raymond James White	Case number (if know)	
4.7	PARKVIEW HOSPITAL	Last 4 digits of account number	\$1,444.00
	Nonpriority Creditor's Name 2200 RANDALLIA DR Fort Wayne, IN 46805	When was the debt incurred? 2013	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify MEDICAL BILL	
	☐ Yes	Other. Specify WEDICAL BILL	
4.8	PARKVIEW HOSPITAL  Nonpriority Creditor's Name	Last 4 digits of account number	\$1,724.00
	PO BOX 9358	When was the debt incurred? 2013	
	Des Moines, IA 50306-9358  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the diam is. Officer all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify MEDICAL BILL	
	PROFESSIONAL EMERGENCY		<b>#450.00</b>
4.9	PHYSICIANS Nonpriority Creditor's Name	Last 4 digits of account number	\$452.00
	3640 NEW VISION DRIVE #A	When was the debt incurred? 2013	
	Fort Wayne, IN 46845  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The or and that you may also chammed or contain that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify MEDICAL BILL	

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Debtor	Raymond James White	Case number (if know)					
4.1	SNOW & SAUERTEIG		\$1,663.00				
0 _	Nonpriority Creditor's Name 203 E. BERRY ST. STE 1100 Fort Wayne, IN 46802	Last 4 digits of account number  When was the debt incurred?  2014	φ1,003.00				
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that you did not</li></ul>					
	Is the claim subject to offset?	report as priority claims					
	No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify MEDICAL BILL					
4.1	STONEBERRY	Last 4 digits of account number	\$597.00				
	Nonpriority Creditor's Name PO BOX 2808 Monroe, WI 53566	When was the debt incurred? 2016					
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt	Obligations arising out of a separation agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims					
	■ No □ Yes	<ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>■ Other. Specify</li> </ul> CREDIT CARD					
	<b>—</b> 165	Other: Specify Street					
4.1 2	THREE RIVERS AMBULANCE	Last 4 digits of account number	\$1,382.00				
	Nonpriority Creditor's Name 525 HAYDEN ST PO BOX 11724 Fort Wayne, IN 46860	When was the debt incurred? 2013					
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community debt	Student loans					
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	□ Yes	■ Other Specify MEDICAL BILL					

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Debtor 1	Raymond	I James White		Case no	umber (if know)		
4.1 3	WELLS FAF	RGO BANK	Last 4 digits of account number	er		\$113.00	
7 1	Nonpriority Cred PO BOX 55 Boston, MA	126	When was the debt incurred?	2011			
1	Number Street	City State Zlp Code the debt? Check one.	As of the date you file, the clai	m is: Check	all that apply		
I	Debtor 1 on	ly	☐ Contingent				
[	Debtor 2 onl	lv	☐ Unliquidated				
_	_	d Debtor 2 only	☐ Disputed				
_		of the debtors and another	Type of NONPRIORITY unsecu	red claim:			
_		is claim is for a community	☐ Student loans				
c	debt	bject to offset?	☐ Obligations arising out of a sereport as priority claims	eparation agr	reement or divorce that you did not		
I	No		☐ Debts to pension or profit-sha	aring plans, a	and other similar debts		
[	☐ Yes		Other. Specify OVERDR	AFT		_	
Part 3:	List Others	s to Be Notified About a De	bt That You Already Listed				
is trying have m	g to collect fro ore than one c	m you for a debt you owe to se	about your bankruptcy, for a debt that omeone else, list the original creditor at you listed in Parts 1 or 2, list the ac or submit this page.	r in Parts 1 o	or 2, then list the collection agen	cy here. Similarly, if you	
Name and	d Address		On which entry in Part 1 or Part 2 did y		•		
CBCS	X 163333		Line <u>4.7</u> of ( <i>Check one</i> ):		Creditors with Priority Unsecured CI		
	ous, OH 432	216		■ Part 2: C	Creditors with Nonpriority Unsecure	d Claims	
	,		Last 4 digits of account number				
Name and	d Address		On which entry in Part 1 or Part 2 did y	ou list the or	riginal creditor?		
	VAYNE RA	DIOLOGY	Line 4.4 of (Check one):		Creditors with Priority Unsecured Cl	aims	
DEPT 3	-	20004	Part 2: Creditors with Nonpriority Unsecured Claims				
Los An	geles, CA 9	90084	Last 4 digits of account number				
Name and		_	On which entry in Part 1 or Part 2 did y	ou list the or	riginal creditor?		
	S & HARRIS	S SE MART PLAZA	Line 4.6 of (Check one):		Creditors with Priority Unsecured Cl		
STE 90				■ Part 2: 0	Creditors with Nonpriority Unsecure	d Claims	
			Last 4 digits of account number				
	IEW HEAL	тн	On which entry in Part 1 or Part 2 did y Line <u>4.6</u> of ( <i>Check one</i> ):		riginal creditor? Creditors with Priority Unsecured Cl	aims	
	X 10416	206		Part 2: 0	Creditors with Nonpriority Unsecure	d Claims	
Des Mo	oines, IA 50	300	Last 4 digits of account number				
Part 4:	Add the A	mounts for Each Type of U	nsecured Claim				
	ne amounts of unsecured cla		ims. This information is for statistica	al reporting	purposes only. 28 U.S.C. §159. A	dd the amounts for each	
					Total Claim		
	6a. otal	Domestic support obligation	s	6a.	\$ 6,000.0	0	
clai from Pai		Taxes and certain other debt	s you owe the government	6b.	\$ 0.0	0	
	6c.		injury while you were intoxicated	6c.	\$ 0.00		
	6d.	Other. Add all other priority un	secured claims. Write that amount here	. 6d.	\$ 0.0	<del>_</del>	
	6e.	Total Priority. Add lines 6a thi	rough 6d.	6e.	\$ 6,000.0	0	
	01	Chudant Ic		Ot.	Total Claim		
To	6f. otal	Student loans		6f.	\$	<u>U</u>	

Official Form 106 E/F

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#### Debtor 1 Raymond James White

claims
from Part 2
IIOIII Fait 2

Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts 6g.

6h.

Other. Add all other nonpriority unsecured claims. Write that amount 6i.

Total Nonpriority. Add lines 6f through 6i.

Case number (if know)

6i.	\$ 33,131.00
6h.	\$ 0.00
6g.	\$ 0.00

33,131.00

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Fill in this infor	mation to identify your	case:			1
Debtor 1	Raymond James				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA		
Case number					
(if known)					Check if this is an
					amended filing

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	rerson or	Name, Number	r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>

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Fill in this	s information to identify	your case:			
Debtor 1	Raymond Ja	mes White			
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for	the: NORTHERN DISTRICT	OF INDIANA		
Case num	nber				
(if known)					☐ Check if this is an amended filing
Officia	l Form 106H				
	dule H: Your C	odebtors			12/15
	<u> </u>				.2.13
your name	e and case number (if kn	n the boxes on the left. Attach own). Answer every question ? (If you are filing a joint case,			o of any Additional Pages, write
			·		
■ No □ Ye					
<b>—</b> 16	5				
		<b>e you lived in a community pr</b> siana, Nevada, New Mexico, Pu			states and territories include
_				<b>3</b> ,,	
	. Go to line 3.	r analyse or legal aguitalent live	a with you at the time?		
ш те	s. Dia your spouse, former	r spouse, or legal equivalent live	e with you at the time?		
in line Form	e 2 again as a codebtor o	only if that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown le creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebto Name, Number, Street, City, State			Column 2: The cre Check all schedule	ditor to whom you owe the debt s that apply:
3.1				☐ Schedule D. line	<u>a</u>
[0.1]	Name			☐ Schedule E/F, li	
				☐ Schedule G, line	e
	Number Street	2	710.0		
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
<u> </u>	Name			Schedule E/F, li	
				☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		

Fill	in this information to identify your c	ase:						
Del	otor 1 Raymond Ja	ames White						
1	otor 2 puse, if filing)							
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	T OF INDIANA					
(If kr	se number nown)				□ A		d filing	postpetition chapter owing date:
0	fficial Form 106I				N	1M / DD/ Y	YYY	
S	chedule I: Your Inc	ome						12/1
sup spo atta	as complete and accurate as posicities plying correct information. If you use. If you are separated and you che a separate sheet to this form.  The describe Employment	are married and not filir ir spouse is not filing wi	ng jointly, and your s th you, do not includ	pouse is li e informat	ving with ion abou	you, inclu t your spo	ude informa ouse. If mor	ation about your e space is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filir	ng spouse
	If you have more than one job,	Employment status	■ Employed			☐ Emplo	oyed	
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not employed		
	employers.	Occupation	SHIPPING					
	Include part-time, seasonal, or self-employed work.	Employer's name	STONHARD GRO	IARD GROUP				
	Occupation may include student or homemaker, if it applies.	Employer's address	1310 DIVIDEND F Fort Wayne, IN 4					
		How long employed th	nere? 4 YEAR	8		_		
Par	t 2: Give Details About Mor	nthly Income						
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to re	port for any	line, write	e \$0 in the	space. Inclu	ıde your non-filing
	u or your non-filing spouse have mee space, attach a separate sheet to		embine the information	for all emp	loyers for	that perso	n on the line	es below. If you need
					For Del	otor 1	For Debt	or 2 or g spouse
2.	List monthly gross wages, sala deductions). If not paid monthly,			2. 3	3	,423.23	\$	N/A
3.	Estimate and list monthly overt	ime pay.		3. +9	S	0.00	+\$	N/A

Calculate gross Income. Add line 2 + line 3.

4. \$ 3,423.23

N/A

				For	Debtor 1		Debtor 2 or filing spouse
	Сору	y line 4 here	4.	\$	3,423.23	\$	N/A
	l iet :	all payroll deductions:					
			Eo	\$	600.00	¢	NI/A
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.	\$ 	689.00 0.00	\$ \$	N/A N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	255.58	\$	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
;	5h.	Other deductions. Specify:	5h.+	\$	0.00	- \$	N/A
	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	944.58	\$	N/A
	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,478.65	\$	N/A
	List a	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A
	8e.	Social Security	8e.	\$	0.00	\$	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	N/A
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g. 8h.+	\$	0.00	\$	N/A N/A
•	OII.	Other monthly income. Specify.	_ 011.7	Ψ	0.00	- Ψ <u> </u>	IN/A
	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A
	Calc	ulate monthly income. Add line 7 + line 9.	10. \$	2	2,478.65 + \$		N/A = \$ 2,478
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	•		., 5.55		2,770
	Inclu other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not cify:	depend		•		chedule J. 11. +\$0
١		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$ <b>2,478</b>
	_		_				monthly incon
	Do v	ou expect an increase or decrease within the year after you file this form	?				

Official Form 106I Schedule I: Your Income page 2

EIII	in this informa	tion to identify yo	our case:			l		
	otor 1	Raymond Ja		ite		Che	eck if this is:	
Dob	otor 2	- Kaymona oa	11100 11111				An amended filing	
	ouse, if filing)							wing postpetition chapter the following date:
Unit	ted States Bankr	uptcy Court for the	: NORTH	HERN DISTRICT OF INDI	ANA		MM / DD / YYYY	
	se number nown)							
		rm 106J	Evnor					
Be info nur	as complete a ormation. If m mber (if know	ore space is ne n). Answer ever	possible eded, atta ry questio	. If two married people a sch another sheet to this				
Par 1.	t 1: Descr Is this a joir	ibe Your House nt case?	hold					
	■ No. Go to		in a separ	ate household?				
	□ N □ Y	-	st file Offic	ial Form 106J-2, <i>Expense</i>	es for Separate House	ehold of De	btor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents				DAUGHTER		18	■ No □ Yes □ No □ Yes □ No □ Yes □ No
								Yes
3.	expenses o	penses include f people other tl d your depende	han $_{m \Box}$	No Yes				
Est	imate your ex	ate Your Ongoi openses as of your a date after the b	our bankr	uptcy filing date unless	you are using this for plemental Schedule	orm as a s e J, check	supplement in a Ch the box at the top o	apter 13 case to report of the form and fill in the
the		h assistance an		government assistance cluded it on <i>Schedule I:</i>			Your exp	penses
4.		or home owners and any rent for the		nses for your residence. or lot.	Include first mortgage	e 4.	\$	580.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's				4b.	· ———	0.00
		maintenance, re owner's associat	•	upkeep expenses dominium dues		4c. 4d.	:	0.00 0.00
5.				our residence, such as h	ome equity loans	4u. 5.		0.00

	mond James White	Case num	ber (if known)	
<b>Utilities:</b>				
6a. Ele	ctricity, heat, natural gas	6a.	\$	150.00
6b. Wa	er, sewer, garbage collection	6b.	\$	90.00
6c. Tele	ephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d. Oth	er. Specify: CABLE/INTERNET	6d.	\$	160.00
CE	LL PHONE		\$	40.00
	BACCO		\$	108.00
	housekeeping supplies		\$	450.00
	and children's education costs	8.	\$	0.00
Clothing.	laundry, and dry cleaning	9.		100.00
•	care products and services	10.	·	20.00
	nd dental expenses	11.	·	60.00
	tation. Include gas, maintenance, bus or train fare.		<u> </u>	
	lude car payments.	12.	\$	129.00
	ment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
Charitabl	e contributions and religious donations	14.	\$	0.00
. Insurance	).			
	lude insurance deducted from your pay or included in lines 4 or 20.			
15a. Life	insurance	15a.	\$	0.00
15b. Hea	Ilth insurance	15b.	\$	0.00
15c. Veh	icle insurance	15c.	\$	75.00
15d. Oth	er insurance. Specify:	15d.	\$	0.00
. Taxes. Do	not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:		16.	\$	0.00
	nt or lease payments:			
17a. Car	payments for Vehicle 1	17a.	\$	0.00
17b. Car	payments for Vehicle 2	17b.	\$	0.00
17c. Oth	er. Specify:	17c.	\$	0.00
17d. Oth	er. Specify:	17d.	\$	0.00
. Your pay	ments of alimony, maintenance, and support that you did not report as	 S		4=0.00
	from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	173.33
. Other pay	ments you make to support others who do not live with you.		\$	0.00
Specify:		19.		
	I property expenses not included in lines 4 or 5 of this form or on Scho			
20a. Mor	tgages on other property	20a.		0.00
20b. Rea	Il estate taxes	20b.		0.00
20c. Pro	perty, homeowner's, or renter's insurance	20c.	\$	0.00
	ntenance, repair, and upkeep expenses		\$	0.00
		20d.	Ψ	0.00
20d. Mai	neowner's association or condominium dues	20d. 20e.		0.00
20d. Mai			\$	
20d. Mai 20e. Hor . <b>Other:</b> Sp	ecify: LICENSE PLATES	20e.	\$ +\$	0.00 10.00
20d. Mai 20e. Hor Other: Sp AUTO R	ecify: LICENSE PLATES EPAIRS/MAINTENANCE	20e.	\$ +\$ +\$	0.00 10.00 50.00
20d. Mai 20e. Hor Other: Sp AUTO R PET CAI	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES	20e.	\$ +\$ +\$ +\$	0.00 10.00 50.00 45.00
20d. Mai 20e. Hor Other: Sp AUTO R PET CAR WORK L	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS	20e.	\$ +\$ +\$	0.00 10.00 50.00
20d. Mai 20e. Hor Other: Sp AUTO R PET CAR WORK L	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS your monthly expenses	20e.	+\$ +\$ +\$ +\$	0.00 10.00 50.00 45.00 86.00
20d. Mai 20e. Hor Other: Sp AUTO R PET CAI WORK L Calculate 22a. Add I	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21.	20e.	\$ +\$ +\$ +\$ +\$ \$	0.00 10.00 50.00 45.00
20d. Mai 20e. Hor Other: Sp AUTO R PET CAR WORK L Calculate 22a. Add I	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS your monthly expenses	20e.	+\$ +\$ +\$ +\$	0.00 10.00 50.00 45.00 86.00
20d. Mai 20e. Hor Other: Sp AUTO R PET CAR WORK L Calculate 22a. Add I 22b. Copy	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	20e.	\$ +\$ +\$ +\$ +\$ \$	0.00 10.00 50.00 45.00 86.00
20d. Mai 20e. Hor Other: Sp AUTO R PET CAN WORK L Calculate 22a. Add I 22b. Copy 22c. Add I	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses.	20e.	+\$ +\$ +\$ +\$ +\$ \$ \$	0.00 10.00 50.00 45.00 86.00
20d. Mai 20e. Hor Other: Sp AUTO R PET CAN WORK L Calculate 22a. Add I 22b. Copy 22c. Add I	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses. your monthly net income.	20e. 21.	+\$ +\$ +\$ +\$ \$ \$	0.00 10.00 50.00 45.00 86.00 2,426.33
20d. Mai 20e. Hor Other: Sp AUTO R PET CAN WORK L Calculate 22a. Add I 22b. Copy 22c. Add I Calculate 23a. Cop	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses.  your monthly net income. by line 12 (your combined monthly income) from Schedule I.	20e. 21.	+\$ +\$ +\$ +\$ \$ \$ \$	0.00 10.00 50.00 45.00 86.00 2,426.33 2,426.33
20d. Mai 20e. Hor Other: Sp AUTO R PET CAN WORK L Calculate 22a. Add I 22b. Copy 22c. Add I Calculate 23a. Cop	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses. your monthly net income.	20e. 21.	+\$ +\$ +\$ +\$ \$ \$ \$	0.00 10.00 50.00 45.00 86.00 2,426.33
20d. Mai 20e. Hor Other: Sp AUTO R PET CAR WORK L Calculate 22a. Add I 22b. Copy 22c. Add I Calculate 23a. Cop 23b. Cop	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses.  your monthly net income. by line 12 (your combined monthly income) from Schedule I. by your monthly expenses from line 22c above.	20e. 21.	+\$ +\$ +\$ +\$ \$ \$ \$	0.00 10.00 50.00 45.00 86.00 2,426.33 2,426.33
20d. Mai 20e. Hor Other: Sp AUTO R PET CAR WORK L Calculate 22a. Add I 22b. Copy 22c. Add I Calculate 23a. Cop 23b. Cop	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses.  your monthly net income. by line 12 (your combined monthly income) from Schedule I. by your monthly expenses from line 22c above.  stract your monthly expenses from your monthly income.	20e. 21. 21. 23a. 23a. 23b.	\$ +\$ +\$ +\$ +\$ ** ** ** ** ** ** ** ** ** ** ** ** **	0.00 10.00 50.00 45.00 86.00 2,426.33 2,426.33
20d. Mai 20e. Hor Other: Sp AUTO R PET CAR WORK L Calculate 22a. Add I 22b. Copy 22c. Add I Calculate 23a. Cop 23b. Cop	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses.  your monthly net income. by line 12 (your combined monthly income) from Schedule I. by your monthly expenses from line 22c above.	20e. 21.	\$ +\$ +\$ +\$ +\$ ** ** ** ** ** ** ** ** ** ** ** ** **	0.00 10.00 50.00 45.00 86.00 2,426.33 2,426.33
20d. Mai 20e. Hor Other: Sp AUTO R PET CAR WORK L Calculate 22a. Add I 22b. Copy 22c. Add I Calculate 23a. Cop 23b. Cop 23c. Sub The	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses.  your monthly net income. by line 12 (your combined monthly income) from Schedule I. by your monthly expenses from line 22c above.  tract your monthly expenses from your monthly income. result is your monthly net income.	20e. 21. 23a. 23b.	\$ +\$ +\$ +\$ +\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 10.00 50.00 45.00 86.00 2,426.33 2,426.33
20d. Mai 20e. Hor Sp AUTO R PET CAF WORK L  Calculate 22a. Add I 22b. Copy 22c. Add I 23a. Cop 23b. Cop 23c. Sub The	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses.  your monthly net income. by line 12 (your combined monthly income) from Schedule I. by your monthly expenses from line 22c above.  stract your monthly expenses from your monthly income. result is your monthly net income.  spect an increase or decrease in your expenses within the year after your	20e. 21. 23a. 23b. 23c.	\$ +\$ +\$ +\$ +\$  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 10.00 50.00 45.00 86.00 2,426.33 2,426.33 2,478.65 2,426.33
20d. Mai 20e. Hor Other: Sp AUTO R PET CAR WORK L Calculate 22a. Add I 22b. Copy 22c. Add I Calculate 23a. Cop 23b. Cop 23c. Sub The	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses.  your monthly net income. by line 12 (your combined monthly income) from Schedule I. by your monthly expenses from line 22c above.  tract your monthly expenses from your monthly income. result is your monthly net income.	20e. 21. 23a. 23b. 23c.	\$ +\$ +\$ +\$ +\$  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 10.00 50.00 45.00 86.00 2,426.33 2,426.33 2,478.65 2,426.33
20d. Mai 20e. Hor Other: Sp AUTO R PET CAR WORK L Calculate 22a. Add I 22b. Copy 22c. Add I Calculate 23a. Cop 23b. Cop 23c. Sub The	ecify: LICENSE PLATES EPAIRS/MAINTENANCE RE/FOOD/VET/SUPPLIES UNCHES/FOOD/SNACKS  your monthly expenses ines 4 through 21. line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 ine 22a and 22b. The result is your monthly expenses.  your monthly net income. by line 12 (your combined monthly income) from Schedule I. by your monthly expenses from line 22c above.  Itract your monthly expenses from your monthly income. Itract your monthly expenses from your monthly income. Itract your monthly net income.  Repect an increase or decrease in your expenses within the year after you, do you expect to finish paying for your car loan within the year or do you expect you	20e. 21. 23a. 23b. 23c.	\$ +\$ +\$ +\$ +\$  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 10.00 50.00 45.00 86.00 2,426.33 2,426.33 2,478.65 2,426.33

Fill in this info	rmation to identify your	case:			
Debtor 1	Raymond James				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	NORTHERN DISTRICT	OF INDIANA		
Case number (if known)					☐ Check if this is an amended filing
	rm 106Dec It <b>ion About</b> a	n Individual	Debtor's Sc	hedules	12/15
obtaining mone years, or both.		connection with a bank			ment, concealing property, or 0, or imprisonment for up to 20
Did you p	ay or agree to pay some	one who is NOT an attor	rney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes.	Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules filed	d with this declaration	n and
X /s/ Ra	ymond James White		X		
Raym	nond James White Eure of Debtor 1		Signature of I	Debtor 2	
Date	April 7, 2018		Date		

FI	I in this inforn	nation to identify you	r case:						
De	ebtor 1	Raymond James							
Do	ebtor 2	First Name	Middle Name	Last Name					
1 -	ouse if, filing)	First Name	Middle Name	Last Name					
Ur	nited States Ba	nkruptcy Court for the:	NORTHERN DISTRICT (	OF INDIANA					
Ca	se number								
(if known)					-	Check if this is an mended filing			
0	fficial Fo	<u>rm 107</u>							
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16			
info	ormation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you				
	<u> </u>	,	rital Status and Where You	Lived Before					
1.	What is you	What is your current marital status?							
	<ul><li>☐ Married</li><li>■ Not mar</li></ul>								
2.	During the la	During the last 3 years, have you lived anywhere other than where you live now?							
	<b>.</b>								
	_	No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.							
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there			
3. sta					ity property state or territory				
	<b>-</b>	·			•	,			
	■ No □ Yes. Ma	ake sure vou fill out <i>Scl</i>	nedule H: Your Codebtors (O	ficial Form 106H)					
		inc sure you iii out oor	iodale 11. Tour Godestore (Gr	molai i omi roorij.					
Pa	rt 2 Explai	n the Sources of You	r Income						
4.	Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.								
	□ No								
		in the details.							
	100.1	in the detaile.							
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income			
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)			
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$9,480.00	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Official Form 107

Debtor 1 R	aymond James Wi	hite	Case number (if known)						
		Debtor 1		Debtor 2					
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a					
For last cale (January 1 to	ndar year: o December 31, 2017	■ Wages, commissions, bonuses, tips	\$40,150.00	☐ Wages, com bonuses, tips	missions,				
		☐ Operating a business		Operating a	business				
	ndar year before that December 31, 2016		\$30,276.00	☐ Wages, com bonuses, tips	missions,				
		☐ Operating a business		☐ Operating a	business				
List each	, ,	t case and you have income that y income from each source separat  Debtor 1 Sources of income	,	•	ne 4.				
		Describe below.	each source (before deductions and exclusions)	Describe below					
Part 3: Lis	at Certain Payments	You Made Before You Filed for E	Bankruptcy						
□ No.	Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?  No. Go to line 7.  List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.  Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  No. Go to line 7.  Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.								
Credito	's Name and Addres	Dates of paymen		Amount you	Was this payment for				
PNC		LAST THREE	paid \$522.00	still owe \$25,668.00	■ Mortgage				
РО ВО	X 1820 , OH 45401	MONTHS	¥3==13 <b>3</b>	,	□ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other				

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Case number (if known)

7.	Nithin 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  nsiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporation of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.						partner; corporations ent, including one for
	<ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>						
	Insider's Name and Address	Dates of payment	Total amount Amount you paid still owe		•	Reason for this payment	
3.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.						
	No						
	☐ Yes. List all payments to an insider  Insider's Name and Address	Dates of payment	Total amount	Amount		Reason for t	his payment
			paid	Sun	owe	include credi	or s name
Par	t 4: Identify Legal Actions, Repossession	is, and Foreclosures					
).	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.						
	Case title  Nature of the case  Court or ager			Status of the case			
	Case number						
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.						
	No. Go to line 11.						
	Yes. Fill in the information below.  Creditor Name and Address	Describe the Property			Date		Value of the
	Creditor Name and Address	` '		Date		property	
		Explain what happened		<b>.</b>	2/1/1/20		440.000.00
	COMMUNITYWIDE FCU 1555 WESTERN AVE.	2007 CHEVROLET AVALANCHE TRUCK 3/14/2				)18	\$18,086.00
	South Bend, IN 46619	■ Property was repossessed.					
		☐ Property was foreclosed. ☐ Property was garnished.					
	☐ Property was attached, seized or levied.						
1.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  ■ No  □ Yes Fill in the details		uding a bank or fin	ancial inst	titution, s	set off any a	mounts from your
						tion was	Amount
	The state of the s	_ 500000			taken		,oant
2.	2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?					it of creditors, a	
	■ No						
	□ Yes						

Debtor 1 Raymond James White

Deb	btor 1 Raymond James White	Case number	(if known)					
Par	rt 5: List Certain Gifts and Contributions							
13.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gifts with a total value of more t	than \$600 per person	?				
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and Address:							
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No  ■ Yes. Fill in the details for each gift or contribution.							
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value				
Par	rt 6: List Certain Losses							
15.	Within 1 year before you filed for bankrupto or gambling?	Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster						
	■ No □ Yes. Fill in the details.							
	how the loss occurred	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				
Par	rt 7: List Certain Payments or Transfers							
16.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.							
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	Glaser & Ebbs 132 E Berry St Fort Wayne, IN 46802	Attorney Fees	2018	\$350.00				
	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that yo		or transfer any prope	rty to anyone who				
	No							
	Yes. Fill in the details.  Person Who Was Paid	Description and value of any property	Date payment	Amount of				
	Address	transferred	or transfer was made	payment				

Debtor 1 Raymond James	: White
------------------------	---------

Case number (if known)

18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already  No Yes. Fill in the details.	siness or financial affaile as security (such as the	irs?			
	Person Who Received Transfer Address Person's relationship to you	Description and va property transferre		payme	ibe any property or ents received or debts n exchange	Date transfer was made
19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-protein No Yes. Fill in the details.		y property to a	self-settle	d trust or similar device o	of which you are a
	Name of trust	Description and va	alue of the pro	perty trans	ferred	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and St	orage Unit	s	
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ.  No Yes. Fill in the details.	other financial accoun	ts; certificates	of deposit		
		Last 4 digits of account number	Type of accounts instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	bankruptcy, ar	ny safe dep	osit box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acco Address (Number, St State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than your	home within 1	year befor	e you filed for bankruptc	y?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe	the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control for	or Someone Else				
23.	Do you hold or control any property that som for someone.	eone else owns? Inclu	de any proper	ty you borr	owed from, are storing fo	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the propo (Number, Street, City, St Code)		Describe	the property	Value
Par	t 10: Give Details About Environmental Infor	mation				
For	the purpose of Part 10, the following definition	ns apply:				

■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Raymond James White

Case number (if known)

	regulations controlling the cleanup of these substances, wastes, or material.					
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.					
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.					
Rep	ort a	Il notices, releases, and proceedings th	nat you know about, regardless of when	they occurred.		
24.	Has	any governmental unit notified you that	at you may be liable or potentially liable (	under or in violation of an environme	ental law?	
		No Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
25.	_	e you notified any governmental unit o	f any release of hazardous material?			
		No Yes. Fill in the details.				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice	
26.	Hav	e you been a party in any judicial or ad	ministrative proceeding under any environment	onmental law? Include settlements a	and orders.	
		No Yes. Fill in the details.				
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case	
Pai	t 11:	Give Details About Your Business or	Connections to Any Business			
27.	Witl	nin 4 years before you filed for bankrup	otcy, did you own a business or have any	of the following connections to any	/ business?	
		☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time				
		☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)				
	☐ A partner in a partnership					
	☐ An officer, director, or managing executive of a corporation					
	☐ An owner of at least 5% of the voting or equity securities of a corporation					
	No. None of the above applies. Go to Part 12.					
		Yes. Check all that apply above and fi	II in the details below for each business.			
		siness Name	Describe the nature of the business	Employer Identification number		
		dress nber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security  Dates business existed	number or IIIN.	
28.		nin 2 years before you filed for bankrup itutions, creditors, or other parties.	otcy, did you give a financial statement to	o anyone about your business? Inclu	ude all financial	
		No				
		Yes. Fill in the details below.				
		me dress nber, Street, City, State and ZIP Code)	Date Issued			
		<u>_</u>				

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

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Deptor 1 Raymond James White		Case number (if known)
are true and correct. I understand that making a with a bankruptcy case can result in fines up to 18 U.S.C. §§ 152, 1341, 1519, and 3571.		rty, or obtaining money or property by fraud in connection o 20 years, or both.
/s/ Raymond James White		
Raymond James White Signature of Debtor 1	Signature of Debtor 2	
Date April 7, 2018	Date	
Did you attach additional pages to <i>Your Statem</i> ■ No □ Yes	ent of Financial Affairs for Individu	als Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is no ■ No	t an attorney to help you fill out ba	nkruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	ation to identify your	rase:				
Debtor 1	Raymond James					
Debtor 1	First Name	Middle Name	L	ast Name	-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	L	ast Name	-	
United States Ban	kruptcy Court for the:	NORTHERN DIST	RICT OF INDIA	NA		
	,				-	
Case number					☐ Ch	neck if this is an
					am	nended filing
Official For	m 108					
Statemen	t of Intentio	n for Indiv	iduals F	iling Under Char	pter 7	12/15
	ridual filing under chap claims secured by you	· -	out this form i	f:		
_	ed personal property a		ot expired			
You must file this	form with the court w ver is earlier, unless th	ithin 30 days after	you file your ba	ankruptcy petition or by the da e. You must also send copies t		
	ople are filing together I date the form.	in a joint case, bot	th are equally r	esponsible for supplying corre	ect information. B	oth debtors must
	nd accurate as possib ur name and case nun		needed, attach	n a separate sheet to this form.	. On the top of any	y additional pages,
Part 1: List Yo	ur Creditors Who Have	e Secured Claims				
			Craditara Wh	- Have Claims Secured by Bra	norty (Official For	m 106D) fill in the
information bel	ow.			o Have Claims Secured by Prop		,
Identify the cree	ditor and the property th	nat is collateral	What do you secures a de	intend to do with the property bt?		u claim the property mpt on Schedule C?
Creditor's PN	IC		Surrender	the property	□No	
name:				e property and redeem it.	_	
Description of	1221 MICHICANIAN	VE Fort	☐ Retain the	property and enter into a	■ Yes	
property	1321 MICHIGAN AN Wayne, IN 46802			tion Agreement. property and [explain]:		
securing debt:	3 BEDROOMS, 1 1/			proporty and [oxplain].		
	BATHROOMS					
	ur Unexpired Persona					
in the information	below. Do not list rea	il estate leases. Une	expired leases	Executory Contracts and Unexare leases that are still in effects not assume it. 11 U.S.C. § 365	ct; the lease period	ficial Form 106G), fill d has not yet ended.
Describe vour un	nexpired personal prop	perty leases			Will the leas	se be assumed?
•		•				
Lessor's name: Description of leas	sed				□ No	
Property:					☐ Yes	
Lessor's name:					□ No	
Description of leas	sed				□ INO	
Property:					☐ Yes	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Raymond James White	Case number (if known)
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
property that is subject to an unexpired lease.	n about any property of my estate that secures a debt and any personal
X /s/ Raymond James White Raymond James White	XSignature of Debtor 2
Signature of Debtor 1	
Date	Date

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Indiana

In re	Raymond James White		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENSAT	TION OF ATTOR	NEY FOR DE	BTOR(S)
co	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the erendered on behalf of the debtor(s) in contemplation of or in	e petition in bankruptcy, o	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	700.00
	Prior to the filing of this statement I have received		\$	350.00
	Balance Due		\$	350.00
2. \$_	<b>335.00</b> of the filing fee has been paid.			
3. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
	= Bester = Since (specify).			
5.	I have not agreed to share the above-disclosed compensation	n with any other person u	nless they are memb	pers and associates of my law firm.
	I have agreed to share the above-disclosed compensation w copy of the agreement, together with a list of the names of the share the above-disclosed compensation was copy of the agreement.			
6. I	n return for the above-disclosed fee, I have agreed to render le	gal service for all aspects	of the bankruptcy ca	ase, including:
b. c. d.	Analysis of the debtor's financial situation, and rendering ad Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and Representation of the debtor in adversary proceedings and of [Other provisions as needed]	of affairs and plan which is confirmation hearing, and	may be required; I any adjourned hear	
7. B	y agreement with the debtor(s), the above-disclosed fee does n Representation of the debtors in any discharg any other adversary proceeding. Negotiations filing of reaffirmation agreements and applicat USC 522(f)(2)(A) for avoidance of liens on hou	eability actions, judic with secured creditor tions as needed; prep	ial lien avoidance rs to reduce to m	arket value; preparation and
	CER	RTIFICATION		
	certify that the foregoing is a complete statement of any agree nkruptcy proceeding.	ment or arrangement for p	payment to me for re	epresentation of the debtor(s) in
Ap	oril 7, 2018	/s/ Steven J. Glase	er	
Da		Steven J. Glaser 1		
		Signature of Attorney Glaser & Ebbs		
		132 E Berry St		
		Fort Wayne, IN 468		
		260-424-0954 Fax	: 260-424-6529	
		Name of law firm		

(6/2010)			
ı	United States Bankruptcy Co Northern District of Indiana	urt	
In re Raymond James White		Case No.	
	Debtor(s)	Chapter	7
VERIFI  The above-named debtor(s) verifies under his/her knowledge.	CATION OF CREDITOR  repenalty of perjury that the attached list		e and correct to the best of
Date: April 7, 2018	/s/ Raymond James White		

Raymond James White Signature of Debtor

CBCS PO BOX 163333 COLUMBUS, OH 43216

CREDIT ONE BANK
PO BOX 60500
CITY OF INDUSTRY, CA 91716-0500

DIRECT TV PO BOX 5007 CAROL STREAM, IL 60197

FINGERHUT
620 RIDGEWOOD RD
SAINT CLOUD, MN 56303

FORT WAYNE RADIOLOGY PO BOX 5602 FORT WAYNE, IN 46895

FORT WAYNE RADIOLOGY DEPT 3161
LOS ANGELES, CA 90084

HARRIS & HARRIS 222 MERCHANDISE MART PLAZA STE 900 CHICAGO, IL 60654

KATIE AYIENDA 3515 FELICIAN ST FORT WAYNE, IN 46803

MEIJER PO BOX 659823 SAN ANTONIO, TX 78265 PARKVIEW HEALTH PO BOX 2253 FORT WAYNE, IN 46807

PARKVIEW HEALTH PO BOX 10416 DES MOINES, IA 50306

PARKVIEW HOSPITAL 2200 RANDALLIA DR FORT WAYNE, IN 46805

PARKVIEW HOSPITAL PO BOX 9358 DES MOINES, IA 50306-9358

PNC PO BOX 1820 DAYTON, OH 45401

PROFESSIONAL EMERGENCY PHYSICIANS 3640 NEW VISION DRIVE #A FORT WAYNE, IN 46845

SNOW & SAUERTEIG 203 E. BERRY ST. STE 1100 FORT WAYNE, IN 46802

STONEBERRY PO BOX 2808 MONROE, WI 53566

THREE RIVERS AMBULANCE 525 HAYDEN ST PO BOX 11724 FORT WAYNE, IN 46860 WELLS FARGO BANK PO BOX 55126 BOSTON, MA 02205